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<b>SERIAL NUMBER</b> 10/781,493	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> O 2000.596 US D1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/723,412 11/28/2000 ABN *PH*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>PH</i> Examiner's Signature	<i>RI</i> Initials		

## ADDRESS

27624

## TITLE

Immediate release dosage form for HRT

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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